



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2005 RIDESHARE PROGRAM UPDATE REPORT

The Massachusetts Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide updated data on how their commuting population commutes to work. Facilities that are filing an annual update of their base report must fill out this form.

#### A. Facility Information

Facility Name \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Facility Street Address<sup>1</sup> \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

#### B. Facility Applicability and Sections of Form to Complete

See *Guidance on Complying with the Rideshare Regulation* for help with this section.

1. **Facility Applicability.** Provide the numbers required below:

Total number of commuters<sup>2</sup>: \_\_\_\_\_ Total number of *applicable* commuters<sup>3</sup>: \_\_\_\_\_

2. **Sections of Form to Complete.** See the information below to determine which sections of the form you must complete.

##### Non-Educational Facilities

- ◆ Facilities with 249 or less applicable commuters.
- ◆ Facilities with a DEP Operating Permit and 250 or more applicable commuters
- ◆ Facilities without a DEP Operating Permit Program and 250 to 999 applicable commuters
- ◆ Facilities without a DEP Operating Permit Program and 1,000 or more applicable commuters

##### Sections of Form to Complete

- ◆ Sign Section I.
- ◆ Complete entire form.
- ◆ DEP will phase in your facility in the future. Sign Section I or you may also complete the entire form.
- ◆ Complete entire form.

##### Educational Facilities

- ◆ Facilities with 999 or less applicable commuters
- ◆ Facilities with 1,000 or more applicable commuters

##### Sections of Form to Complete

- ◆ Sign Section I.
- ◆ Complete entire form.

#### C. Summary Information on Commute Data Collection Method

1. **Commute Data Collection Week.** Select one week to collect commute data and indicate the dates that your facility collected the data: From \_\_\_\_\_ to \_\_\_\_\_
2. **Total Number of Applicable Trips.** Calculate the total number of possible trips:  
\_\_\_\_\_ # Work Days in Data Collection Week x \_\_\_\_\_ Total # Applicable Commuters<sup>4</sup> =  
\_\_\_\_\_ Total # of Possible Trips by Applicable Commuters

<sup>1</sup> Please attach a list of all building locations within walking distance or a one mile radius.

<sup>2</sup> "Commuters" refers to all employees at the facility. For educational facilities, this includes all employees and commuting students.

<sup>3</sup> "Applicable commuters" refers to *employees* at the facility who work at least 17 hours per week for 20 or more weeks per year; are scheduled to begin and complete their workday between 6 a.m. and 8 p.m.; and, use their vehicle during work hours for work purposes less than five times a month. For educational facilities, "*applicable commuters*" refers to *applicable employees and students*. Applicable students are full-time commuting students; are scheduled to begin and complete their classes between 6 a.m. and 8 p.m.; and use their vehicles for school purposes or other related matters less than five times a month.

<sup>4</sup> Facilities using the Random Sample method, enter the number of applicable commuters in your sample size.



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3. **Commute Data Collection Method.** See *Guidance on Collecting Commute Data* for a detailed description of each survey method. Please check ☒ the commute data collection method your facility used:

- ☐ Census Survey (your facility distributed surveys to *all* applicable commuters)
- ☐ Random Sample Survey (your facility distributed surveys to a randomly selected sample of applicable commuters)
- ☐ Direct Count (your facility counted applicable commuter vehicles entering parking lots and all other means of collecting commute data)

4. **Description of Commute Data Collection Method**

**Census Survey Method:**

Include a description of how your facility conducted the census survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data please attach the survey to this report.

**Random Sample Survey Method:**

Include a description of how your facility conducted the random sample survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data please attach the survey to this report. In accordance with the method described in the *Guidance on Collecting Commute Data*, please provide the:

1. Number of applicable commuters your facility was required to sample\_\_\_\_\_
2. Sample skip interval\_\_\_\_\_
3. Sample's random number start\_\_\_\_\_



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### **Direct Count Method:**

Include a description of how your facility conducted the direct count and collected data on applicable commuter commute trips. Include an explanation of how your facility distinguished between vehicles belonging to *applicable commuters* and vehicles belonging to non-applicable commuters and visitors.

5. **Commute Data Collection Method Response Rate.** Please provide the response rate your facility obtained with its commute data collection method. Count only those surveys completed by *applicable* commuters. Please refer to *Guidance on Collecting Commute Data* for details on the minimum response rate for each method.

a. **Census Survey Method.**

$$\frac{\text{\# of Applicable Commuters Responding to Survey}}{\text{Total \# of Applicable Commuters at Facility}} \times 100 = \text{Census Survey Response Rate \%}$$

b. **Random Sample Survey Method.**

$$\frac{\text{\# of Applicable Commuters in Sample Responding to Survey}}{\text{Total \# of Applicable Commuters in Sample}} \times 100 = \text{Random Sample Survey Response Rate \%}$$

c. **Direct Count Method.**

$$\frac{\text{\# of Applicable Commuters on Whom Collected Data}}{\text{Total \# of Applicable Commuters at Facility}} \times 100 = \text{Direct Count Response Rate \%}$$

### D. Summary of Commute Data (SCD) Forms

Use the table below to determine the *Summary of Commute Data (SCD) Form* your facility must complete based on your commute data collection method, response rate, and how your facility wants to account for those from whom you did not collect commute data (*non-respondents*). You must submit your SCD form to DEP with this report.

If your facility used the ...	And you obtained commute data from...	You count your non-responders by using...
Census Survey or Direct Count Method	≥ 90% of your applicable commuters	SCD Form 1. Using this form, no action is taken with non-responders.
	≥ 75% but < 90% of your applicable commuters	SCD Form 2. This form calculates non-responders as commuting in the same proportion of modes as responding applicable commuters.
	≥ 50% but < 75% of your applicable commuters <u>and</u> <ol style="list-style-type: none"> <li>your facility opts to implement one additional trip reduction incentive in addition to the incentives already implemented,</li> <li>your facility opts <b>NOT</b> to implement an additional trip reduction incentive.</li> </ol>	SCD Form 2. This form calculates non-responders as commuting in the same proportion of modes as responding applicable commuters.
		SCD Form 3. This form calculates non-responders as drive-alone trip commuters.
Random Sample Survey Method	All applicable commuters in your sample	SCD Form 1. Using this form, no action is taken with non-responders.
	≥ 90% of the applicable commuters in your sample	SCD Form 4. This form calculates non-responders as drive-alone trip commuters.



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## E. Implementation, Publicity, and Maintenance of Trip Reduction Incentives

1. **Status of Trip Reduction Incentives.** In the table below, check ☒ which incentives your facility currently implements, publicizes, and maintains. Estimate the number of trip reductions that have been achieved, if any, since the facility filed its base report. The table lists the incentives that are required by 310 CMR 7.16(1).

All facilities must offer trip reduction incentives a, b and c.

Facilities that are located within one mile of public transit must also offer trip reduction incentives d, e and f.

Is your facility located within one mile of public transit? Yes ☐ No ☐

Facilities with 1000 or more applicable commuters<sup>1</sup> must also offer trip reduction incentive g.

Does your facility have 1000 or more applicable commuters? Yes ☐ No ☐

Required Trip Reduction Incentive	Does your facility currently implement this incentive?	Does your facility currently publicize this incentive?	Does your facility currently maintain this incentive?	Estimated number of drive-alone commute trip (DACT) reductions achieved from incentive(s) since filing your Base Report, if any. <sup>2</sup>
a. Conduct carpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Designate preferential parking for carpools (and vanpools, if required)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. Establish bicycling incentives	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. Provide transit passes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Post bus schedules, rates and routes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Negotiate with bus providers	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Conduct vanpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
i. Total # of Trip Reductions Achieved Since Filing Baseline Report. This should equal the "# DACT Reductions" in Section G, Step 1.				

## F. Description of Trip Reduction Incentives

Provide a detailed description of how each incentive has been implemented, publicized, and maintained. For any incentives not yet implemented, include the date that the incentive will be implemented (within 30 days of submitting this report).

## G. Current Year Reductions of Drive-Alone Commute Trips (DACTs)

<sup>1</sup> Only educational facilities with 1000+ applicable employees are required to conduct vanpool matching.

<sup>2</sup> Provide an estimate of the *increase* of non-DACTs since your facility's base year. Please note that this is *not* the total number of current non-DACT trips.



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**Step 1. Calculate the DACT reductions at your facility since the base year.** This calculation accounts for any employment number changes at your facility and compares the percentage of DACTs in the current year to the percentage of DACTs in the base year. Use your facility's base year report survey data and current year survey data located on your *Summary of Commute Data Form* (SCD).

Total # of DACTs (Base Year _____)	+	Total # of DACTs for Non-Responders <sup>1</sup> (Base Year)	=	Adjusted Total # of DACTs (Base Year)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
				Put this number at the * in Section G, Step 2
Adjusted Total # of DACTs (Base Year)	÷	Total # of Trips, All Modes (Base Year)	X 100 =	Actual % DACTs (Base Year)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
		# Responding applicables x # days/workweek	Round off to the nearest whole number.	
Actual % DACTs (Base Year)	X	Total # of Trips, All Modes (Current Year) (see "J" from SCD Form)	=	# DACTs (Maintaining the Base Year % DACTs)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> %		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
# DACTs (Maintaining the Base Year % DACTs)	-	Total # of DACTs (Current Year) (see "A" from SCD Form)	=	# DACT Reductions*
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
				* If # is > 0, this should equal the trip reductions in section E.1.i * If # is < 0, no DACT reductions were achieved.

**Step 2. Calculate the number of DACTs your facility needs to meet its 25% base year reduction goal.**  
Compare the current year "Target # DACTs" to the current year "Total # DACTs."

Adjusted Total # of DACTs (Base Year) (See Section G, Step 1)	*	X	.75	=	Target DACTs (Base Year)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Target DACTs (Base Year)	÷	Total # of Trips, All Modes (Base Year)	X 100 =	Target % DACTs (Base Year Goal)	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div> %	
		# Responding applicables x # days/workweek	Round off to the nearest whole number.		
Target % DACTs (Base Year Goal)	X	Total # of Trips, All Modes (Current Year) (see "J" from SCD Form)	=	Target # DACTs (Current Year)	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> %		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Total # DACTs (Current Year) (see "A" from SCD Form)	-	Target # DACTs (Current Year)	=	25% DACT Reduction Goal**	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
** If # is > 0, this is the number of reductions to meet your facility's 25% reduction goal. If # is = 0, your facility has met its 25% reduction goal. If # is < 0, your facility has met and exceeded its 25% reduction goal. (Optional) 25% DACT Reduction Goal _____ - Pre-Base Year Reductions _____ = Adjusted Reduction Goal _____					

## H. Rideshare Program Cost Data (Optional)

<sup>1</sup> Facilities with 1995-1997 base reports, enter "0". Facilities with 2001- 2003 base reports and Summary Forms 1 or 2, enter "0".



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Please write below or attach estimated costs for the start-up implementation, publicity, and maintenance of each required trip reduction incentive.

#### **I. Certification Statement**

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*I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and supporting information and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.*

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Submit this form by **December 31, 2005** to:

**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention  
Rideshare Program, 10<sup>th</sup> floor  
One Winter Street  
Boston, Massachusetts 02108**

If your facility was required to conduct a commuter survey,  
submit your *Summary of Commute Data* form also.